

## PROOF OF CLAIM

Name of Debtor Debit Corporation of America, Inc.		Case Number 04-14360 - BKC - AJC	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503. (See Local Rule 3001-1(B))			
Name of Creditor (The person or other entity to whom the debtor owes money or property): Mary Pittman Name and Address where notices should be sent: Mary Pittman 2658 SW 14th Dr. Deerfield Beach FL 33442-6025  Telephone Number: 954 725-7994		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Account or other number by which creditor identifies debtor: (If SS# only list last 4 digits of SS#): 4327		Check here if <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated _____ this claim	
1. Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other Marketing Service Purchased and Not Received		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of SS #: xxx-xx-_____ Unpaid compensation for services performed from _____ to _____ (date) (date)	
2. Date debt was incurred: 9-9-03, 9-22-03, 10-20-03		3. If court judgment, date obtained:	
4. Total Amount of Claim at Time Case Filed: \$ 28,314.90 + _____ + _____ = 28,314.96 (Unsecured Nonpriority) (Secured) (Unsecured Priority) (Total)			
Complete items 5, 6, and 7 (as applicable) to further describe the amount(s) you indicated in item 4. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
5. Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____  Value of Collateral: \$ _____  Amount of arrearage and other charges at the time the case was filed included in secured claim, if any: \$ _____		7. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,925)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$ 2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____).  *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after date of adjustment.	
6. Unsecured Nonpriority Claim \$ 28,314.90 <input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		THIS SPACE IS FOR COURT USE ONLY	
8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.			
9. Supporting Documents: Attach legible copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. Supporting documents should not exceed 5 pages (See reverse for instructions)			
10. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim. Research and/or copy charges will apply for future copy requests of claims.			
Date 6-2-04	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): Mary Pittman		
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.			

ORIE P COOPER  
C/ MARY COOPER PITTMAN  
2658 SW 14 DRIVE  
DEERFIELD BEACH, FL 33442

42

10-20-2003

Pay to the  
Order of  
Debit Corp of America \$12,453.00  
Twelve Thousand Four Hundred Fifty Five and 00/100

Edward Jones

2770290613

Serving Individual Investors Since 1871

For 3947/513

Mary Pittman POB for  
Mary Pittman One Corp

⑆03⑆⑆00⑆57⑆⑆8820⑆42⑆70⑆⑆00⑆⑆2

DONALD CARL PITTMAN  
MARY COOPER PITTMAN  
2658 SW 14 DRIVE  
DEERFIELD BEACH, FL 33442

57

62-15  
311

Date 9-22-03

Pay to the  
Order of  
Debit Corp. of America \$13,859.90  
Thirteen Thousand Eight Hundred Fifty Nine and 90/100

Edward Jones

Serving Individual Investors Since 1871

2770513212

PNC BANK, DELAWARE  
WILMINGTON, DELAWARE

Mary Pittman

For Balance of Sales Systems

⑆03⑆⑆00⑆57⑆⑆8820⑆43⑆42⑆⑆00⑆⑆5⑆

DONALD CARL PITTMAN  
MARY COOPER PITTMAN  
2658 SW 14 DRIVE  
DEERFIELD BEACH, FL 33442

56

62-15  
311

Date 9-9-03

Pay to the  
Order of  
Debit Corp of America \$2000.00  
Two Thousand and 00/100

Edward Jones

Serving Individual Investors Since 1871

2770513212

PNC BANK, DELAWARE  
WILMINGTON, DELAWARE

Mary Pittman

For Sales System Deposit

⑆03⑆⑆00⑆57⑆⑆8820⑆43⑆42⑆⑆00⑆⑆6⑆

keep this

MACHINE REORDER FORM  
SUNSHINE PROCESSING, INC.

DEBIT CORPORATION OF AMERICA

3475 Sheridan Street; Suite 215 F  
954-981-4447 Toll Free 800-468-3213 Toll Free Fax 800-468-1836

Mary Pittman  
Purchaser's Name

10/20/03  
Date

2658 SW 14th Drive  
Purchaser's Address

Deerfield Beach,  
City

FL  
State

33442  
Zip

954 725 7994  
Home Phone

954 579 2741  
Business Phone

Reorder	(1) 2 3 4 (Circle no. reorder)	1
Number of Machines		5
Purchase Price		\$2350=
Number of Cards		150
Total		\$11,250=
TAX		\$ 705=
TOTAL		\$ 12,455=

future system price of 2350= per system per bill included  
ID Number 3947

Locator

Senia

PU Date

Territory Director

R.G.

PU #

# of Systems to Ship

N/C Card Order Written

(Date)

Scheduled Ship Date

Entered on Load Ship List

Distributor County

**PURCHASE ORDER**  
**DEBIT CORPORATION**  
**OF AMERICA, INC.**

3475 Sheridan Street, Suite 215F, Hollywood, FL 33021  
Phone: (954) 981-4447 • Fax: (954) 981-4421  
Toll Free: (800) 468-3213 • Fax: (800) 468-1836

ID# 3947  
County Broward

Purchaser's Name Mary C Pittman Date 5-9-03  
Purchaser's Address 2658 SW 14 Drive  
City Deerfield Beach State FL Zip 33442  
Home Phone 954-725-7994 Business Phone 954-519-2141 cell

No. of Sales  
Systems to ship: 3

Face Value of Prepaid MasterCard  
Activation Certificates to ship: \$3,000.00

Purchase Price Sales Systems .....	\$ <u>14,915.00</u>
Purchase Price of Additional Items .....	\$ <u>NC</u>
Total .....	\$ <u>14,915.00</u>
Sales Tax (FL Residents Only) .....	\$ <u>944.90</u>
Amount Paid .....	\$ <u>15,859.90</u>

Special Provisions Shipping and handling included. Deposit  
amount \$2,000.00 toward Silver plan. Balance due  
by Sept. 30.

Purchaser acknowledges the receipt of all Disclosure Documents of Seller ten (10) business days prior to acceptance and deposit of funds and that **this sale is subject to the terms on the reverse of this Purchase Order.**

**ACCEPTED AND APPROVED**

By: [Signature]  
COMPANY OFFICER

By: Mary C Pittman  
BUYER

AIN # BO2403

I have read and agree to the Terms and  
Conditions on the back of this Purchase Order.